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Under the Paperwork Reduction	Act of 1995, no person	ons are required to	respond	Application Numb		displays a valid OMB control number. 08/811,361	<u> </u>	
TRANSMITTAL				Filing Date		March 4, 1997		
FORM (to be seed for all correspondence after initial filing)				First Named Inve		Molly F. Kulesz-Martin		
					ntor ———			
				Group Art Unit				
E TRACEMB			Examiner Name		G. Bansal	ᄪ		
	Total Number of Pages in This Submission				lumber	RPP:135F US		
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		EN	(CLO	SURES (check	all that a	apply)	<u> </u>	
Fee Transmittal Form Fee Attached Dr Amendment / Reply After Board Decision Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) (fo (fo (fo (fo (priority Per Ad Priority Re			to Con onal Ap of Attorn	ed Papers vert to a plication ney, Revocation respondence aimer fund	to A A (A	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):		
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I hereby certify that this co mail in an envelope addres	rrespondence is b sed to: Commiss	eing deposited ioner for Patent	with the	United States Postal States Po	Service wi his date:	ith sufficient postage as first class December 2 1/201/	3S	
Typed or printed name	Michael 1	L. Dunn	\bigcirc					
Signature	201	.1.0	λ / λ	r	Date 7	Dec 21. 200 /		

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FEE TRANSMITTAL		Complete if Known						
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for FY 2002	First Nan		ntor	Molly F. Kulesz-Martin				
Parent fees are subject to annual revision.	Examiner			G. Bansal				
	Group Ar			1642	<i>y</i> .			
TAL AMOUNT OF PAYMENT (\$)	Attorney	Docket	No.	RPP:135F US	0			
METHOD OF PAYMENT		F	EE (CALCULATION (continued)	300			
The Commissioner is hereby authorized to charge	3. ADD	DITION	AL F	EES	d			
indicated fees and credit any overpayment to:		Large Entity	Sma Ent					
Deposit Account Number	Fee I	Fee Fee (\$) Coo	Fee		ee Paid			
Deposit		130 20:		Surcharge - late filing fee or oath				
Account Name	127	50 22		Surcharge - late provisional filing fee or cover sheet				
Charge Any Additional Fee Required	139 1	130 13	9 130	Non-English specification				
Under 37 CFR 1.16, 1.17, 1.18 and 1.20	147 2,5	520 147	2,520	- '				
Applicant claims small entity status.	1	920* 112		* Requesting publication of SIR prior to				
See 37 CFR 1.27	1			Examiner action	 [
2. Payment Enclosed: Check Credit Card Money Order Other	113 1,8		1,840	Examination action				
FEE CALCULATION	115 1	110 215	55	Extension for reply within first month				
1. BASIC FILING FEE	116 4	100 216	200	Extension for reply within second month				
Large Entity Small Entity Fee Fee Fee Fee Description	117 9	920 217	460	Extension for reply within third month				
Code (S) Code (S) Fee Paid	118 1,4	440 218	720	Extension for reply within fourth month				
101 740 201 370 Utility filing fee \$	128 1,9	960 228	980	Extension for reply within fifth month				
106 330 206 165 Design filing fee	119 3	320 219	160	Notice of Appeal				
107 510 207 255 Plant filing fee	120 3	320 220	160	Filing a brief in support of an appeal				
108 740 208 370 Reissue filing fee	121 2	280 221	140					
114 160 214 80 Provisional filing fee	4	510 138		·				
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SUBTOTAL (1) (\$)		110 240						
	141 1,2		640					
2. EXTRA CLAIM FEES	142 1,2	280 242	640	Utility issue fee (or reissue)				
Fee from Extra Claims below Fee Paid	143 4	160 243	230	Design issue fee	1 0			
	144 6	620 244	310	Plant issue fee				
Total Claims -20** = X = \$	122 1	130 122	130	Petitions to the Commissioner				
Independent -3** = X = Claims	123	50 123	50	Processing fee under 37 CFR 1.17(q)				
Multiple Dependent	126 1	180 126	180	Submission of Information Disclosure Stmt				
	1	40 581	40	Recording each patent assignment per				
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	146 7	740 246	370					
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3	149 7	740 249	370	(37 CFR § 1.129(a)) For each additional invention to be				
104 280 204 140 Multiple dependent claim, if not paid	' '		27	examined (37 CFR § 1.129(b))				
109 84 209 42 **Reissue independent claims	179 7	740 279	370	Request for Continued Examination (RCE)				
over original patent	169 9	900 169	900	Request for expedited examination of a design application				
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other fe	ee (specify		e er "				
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**or number previously paid, if greater, For Reissues, see above	ــــــــــــــــــــــــــــــــــــــ							
SUBMITTED BY	25 220			Complete (if applicable) Telephone 716_433_1661				
Name (Print/Type) Michael L. Dunn Registration No. (Attorney/Agent)	25,330			Telephone 716-433-1661				
Signature Mulaulh)				Date Dec. 2/20-	01			

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